

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007982

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

278

Primary Registration District No.

3058

Registrar's No.

2C

STATE FILE NUMBER

FILED FEB 19 1963

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Quivre TownShip

Length of stay in 1b

12 HR.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR IN
INSTITUTION

Highway 54 Near Bowling Green Mo.

Inside Limits
Mo. No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pike

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

Clarksville

d. STREET
ADDRESS

R.F.D. #1

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Lester

Middle

Aldro

Last

Dewey

4. DATE OF DEATH

Month

Feb

Day

15

Year

1963

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6/1/19039. AGE (last birthday)
5910. IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

MAINTENANCE

10b. KIND OF BUSINESS OR INDUSTRY

Hercules Powder

11. BIRTHPLACE (City and state or country)

Whiteside, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Gola Dewey

13b. MOTHER'S MAIDEN NAME

Mary Henry

14. NAME OF HUSBAND OR WIFE

Bernice Dewey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Bernice Dewey, Clarksville, Mo.

18. CAUSE OF DEATH (Enter only one cause; if
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Arterio Sclerosis

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III: If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11:30 A

to

and last saw him

Feb 15

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

2/18/1963

RiverView Cemetery Louisiana Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Sterne Funeral Home Louisiana, Mo.

2-18-63

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

10820

20820

3

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12 91-3

13 2-0

MAR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *B. Stenil*

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.